FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB

FCC 395		COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]											3060-0076 Est, time per response: 1 hour				
SECTION 1 - General Information																	
1 Name and Mailing Ad FRN: 1736362	ddress of	USCO 8410 E												☐ Check here if this is a change of address			
2. Year Report Filed		3. Re	eporting Per	iod (Ending	Date of Pa				4 Numb	er of Full-T	ime Employ	ees during	Selected R	eporting Per	riod (check	one)	
2017		a. ☐ Fewer than 16 (complete Sections 1, IV, and Vb. ☐ 16 or more (complete all sections)															
SECTION II - Full Tim	e Emplo	yees.							1/1								
	Number of Employees (Report employees in only one category)																
Job Categories			Race/Ethnicity														
		Hispa	Hispanic or Not-Hispanic or Latino														
		Ľa	tino	Male						Female							
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
		Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	
Executive/Senior Level Offi and Managers	1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	d 1.2	0	1	5	1	0	О	0	0	8	0	0	0	0	0	16 15	
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	4	1	1	37	5	0	0	0	1	24	2	0	1	0	1	* 73	
Administrative Support Workers	5	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	10	1	2	42	6	0	0	0	1	34	2	0	1	0	1	9290	
PREVIOUS YEAR TOTAL	. 11	4	2	40	7	0	2	0	2	37	3	0	1	0	1	96 99	

SECTION III - Part Tir	ne Employe	es.																
Job Categories		Number of Employees (Report employees in only one category)																
								Race/Ethn	icity									
	His	Hispanic or Latino		Not-Hispanic or Latino														
	L			Male Female														
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N			
	Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0			
Executive/Senior Level Officials and Managers 1.	1 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
First/Mid-Level Officials and Managers 1.	2 0	0	0	0	0	0	0	0	0	0	0	. 0	0	0	0			
Professionals	2 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Technicians	3 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Sales Workers	4 0	2	3	1	0	0	0	1	7	0	0	0	0	0	14			
Administrative Support Workers	5 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Craft Workers	6 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Operatives	7 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Laborers and Helpers	8 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Service Workers	9 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
TOTAL 1	0 0	2	3	1	0	0	0	1	7	0	0	0	0	0	14			
PREVIOUS YEAR TOTAL		1	4	0	0	2	0	0	21	1	0	0	0	1	31			
SECTION IV - Report	t of Discrimi	nation Com	plaints Pu	rsuant to 47	7 CFR 22.32	21, 23.55, 90	0.168, 101.4	l, and 101,	311									
This is to advis this company b This is to advis company (Attac disposition	efore any be e the Comm	ody having o	competent the following	jurisdiction ng complai	n in such m nts alleging	natters duri	ng the cale of the pro	ndar year visions of	covered bany equal	y this repo employme	ort ent opportu	nity statut	e have beer	n filed agai	nst this			
SECTION V - Certific	ation																	
I certify that to the b		nowledge, in		, and belief	, all statem	ents in this Signature	report are	true and c	orrect			Telephone N	0					
5/8/2017	1	I. Cozzone				Orginatore	Lin	· M	1. C) 20 or	P	773 399						
Title of Person Signing Government Com	oliance Div	versity Ma	nager	WILLF AND/O U S C	R REVOCA	E STATEME TION OF A	ENTS MAD NY STATIC	ON THIS N LICENS	FORM AF E OR CO	SE PUNISH ISTRUCTION	ABLE BY F ON PERMIT	NE AND/C (47 U S C	OR IMPRISC 312 (A)(1) A	NMENT (18 AND/OR FO	BUSC 1001) PRFEITURE (47			